

Part 2. Putting principles into practice

Henry Chung, Pfizer, Inc., 235 East 42nd St, New York, NY 10017

Dustin Nguyen, NYU Downtown Hospital, 170 William St, New York, NY 10038-2649

Francesca Gany, New York University School of Medicine, 550 First Ave, New York, NY 10016-2002

Correspondence to: Dr Chung, hchung@pol.net

Competing interests: Henry Chung is Medical Director, Depression and Anxiety Disease Management Team, Pfizer, Inc.

West J Med 2002;176:236-238

In this article, we present a clinical case scenario that illustrates how to put the principles of initial assessment and treatment into practice.¹

THE CASE SCENARIO

Ms W is a 38-year-old married executive assistant who comes to an

initial visit with Dr Lee, an internist who is well known in the Asian American community for her diagnostic skills. Ms W is accompanied by her mother, who is concerned that Ms W has a serious illness.

The patient has not slept well for at least 6 months, since the birth of her

first child, and has lost weight. She complains of heavy feelings in her chest, unexplained nausea, stomach pains, intermittent diarrhea, and tingling sensations in her arms and legs.

Ms W has seen many specialists and was told that she is nervous but otherwise “normal.” She has tried

“sleeping medications,” but they did not work. Her mother reaches into a bag and produces old medication bottles that are half empty. Dr Lee notices that one is an antidepressant agent and two are benzodiazepines.

Ms W stopped working 3 months earlier because she no longer was able to concentrate on her assignments. Her fellow employees were increasingly concerned about her.

At the suggestion of her mother, Ms W spent a month with family in Hong Kong for “rest” and traditional Chinese medicine. Although her symptoms improved somewhat while she was there, they returned when she came back to the United States.

PUTTING PRINCIPLES INTO PRACTICE

Interviewing skills

In the following section, note how Dr Lee puts her patient at ease and explains, in a clear and simple way, that successful treatment will take time:

Ms W is quiet and appears nervous and embarrassed while her mother speaks. After her mother finishes speaking, Ms W says: “I have already seen so many doctors and they have all told me nothing is wrong, but I feel terrible. What can be done?”

Dr Lee begins by acknowledging how difficult the past few months have been for Ms W and her family. She says that, given the lack of improvement in her condition, whatever treatment she will recommend will require patience. Being patient is especially important because an extensive evaluation has already been completed and she does not want to either put her patient through any unnecessary testing or repeat tests that already have been completed.

History-taking and mental status examination

Note how Dr Lee asks Ms W to prioritize her main symptoms:

Dr Lee then asks what specific symptoms trouble her the most and keep her from working. Ms W says that she has no energy because she cannot sleep for more than 3 or 4 hours at night, and that during the day she

feels her heart pounding and beating fast for no reason. Her stomach feels funny and occasionally hurts. Most of all, she worries that she might have a terrible illness, like cancer, but that either doctors cannot find it or no one wants to tell her about it.

Note how Dr Lee asks Ms W about use of traditional Chinese medicines:

Dr Lee inquires about current medication use, which Ms W and her mother deny. She then asks about any Chinese traditional remedies, and they both acknowledge that they have been using some herbs boiled in water that produce a temporary calming and “cooling” effect.

Note how Dr Lee takes a family history, asking questions that are sensitive and not too intrusive:

Dr Lee asks both the mother and patient if either has any recollection of how the symptoms began. The mother states that they started about 6 months after Ms W gave birth to her son. Ms W says that she really can’t remember but that her mother must be right.

Dr Lee asks if anyone in the family has ever had symptoms like this or an illness that was difficult to explain or treat. The mother volunteers that the patient’s older sister had some “fainting episodes” while she was in her

20s that required her to be in a hospital for many months. No cause was discovered, but extended rest appeared to help. The patient states that she has never felt her best since coming to America from Hong Kong 4 years ago. She attributes this to the difficulties of adjusting to life in the United States.

Note how Dr Lee asks Ms W’s mother to leave the room so that Dr Lee can ask Ms W some personal questions, remembers to screen for substance abuse, and assesses for suicidal risk:

Noticing the time, Dr Lee asks Ms W’s mother to step out while she examines Ms W. During the examination, Dr Lee asks about any drug or alcohol use and whether she has had any recent pressures or stress that she has not discussed previously. She also asks the patient gently whether she has ever been or felt the need to be tested for HIV. The patient denies any substance abuse, and although surprised at the question of HIV, remembers that she did take a test when applying for insurance a year ago and was told the result was negative.

Dr Lee asks if her current condition has made her feel desperate and if she has thoughts that life may not be worth living. Ms W states that she is frustrated and sometimes thinks she is better off not waking up but that she still has hope.

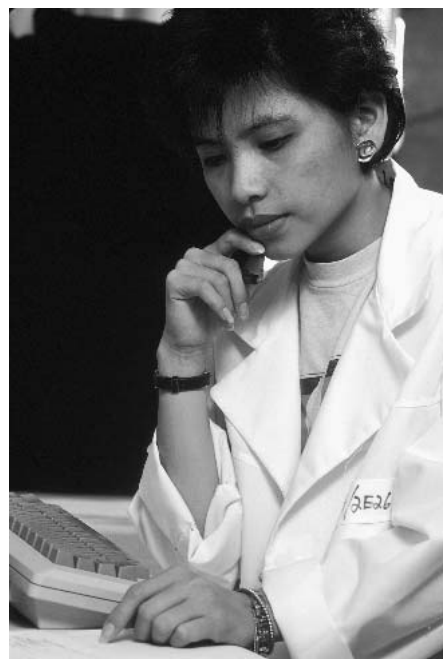
Patient confidentiality and family involvement

Note how Dr Lee reassures Ms W that the information she shares with Dr Lee will remain confidential, but also manages to involve Ms W’s mother in the assessment:

Dr Lee asks if there is anything Ms W did not tell her before that would be important for her to know. Dr Lee stresses that any information given to her will be kept confidential. The patient responds that she cannot think of anything right now.

Dr Lee also asks how her son’s birth has affected or changed the relationship at home. Ms W hesitates and then says that everything is fine. Her eyes appear to tear as she speaks. Dr Lee notes the hesitation and mentally marks this topic for follow-up in the near future. The physical examination is unremarkable.

While Ms W is getting dressed, Dr Lee steps out to speak to Ms W’s mother in the hallway. She asks whether there is anything



Taking a comprehensive family history helps in planning and explaining treatment options

NCI

else that is important for her to know before she discusses a plan. The mother says that family finances have been tight since her daughter stopped working. She also says that her son-in-law has been angry with his wife because she cannot return to work and that he thinks her symptoms are all in her head.

Treatment planning

Note how Dr Lee reassures Ms W that her problems are real (Dr Lee does not abandon Ms W by saying that her problems are "all in her mind"):

Dr Lee invites Ms W's mother back into the room. She says that, right now, Ms W's physical examination reveals little of concern except for the notable weight loss. Dr Lee states, however, that the patient's symptoms are real and distressing and that it is important to relieve them. Dr Lee asks whether any of the medications given previously by other doctors were of any help. Ms W sheepishly admits that she only took a few doses of each because she did not feel better immediately after taking them. Some medicines actually made her feel worse. She says that no one told her how the medicines work and how they

were going to help except to make her "sleep better."

Tailoring explanations

Note how Dr Lee gives a mind-body explanation for Ms W's symptoms, maintains a strong biomedical identity, explains what Ms W can expect from medication, accepts that Ms W wants to continue taking herbs, and gives Ms W a clear plan of action:

Dr Lee explains that Ms W's condition could be related to severe nerve weakness that can be helped. She notes that sometimes after giving birth, mothers are vulnerable to episodes of "nervous exhaustion" and that this condition must be treated seriously. Before she starts treatment, however, she needs information from the previous treating doctors so she can determine if conditions such as anemia, thyroid problems, or diabetes might be causing her symptoms.

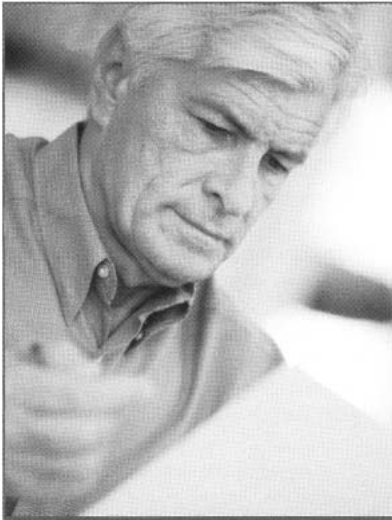
Both the patient and her mother ask Dr Lee if she can give the patient something today. Dr Lee explains that patients with "nerve weakness" often are sensitive to medications and, given Ms W's negative past experience with medications, it is important not to rush

to a medication decision today. She asks them to return in a week, by which time she will have more information and can develop a treatment plan that she will fully explain to them at their next appointment.

Ms W and her mother also ask if they should continue using the herbal medicines. Dr Lee asks what they are. She states that she is not an expert in this area, but if they find that the teas are helpful, it is OK to continue their use. She advises to drink the brew only once a day. Dr Lee asks them to bring all of the herbal and nonherbal medications that Ms W has been taking to the next visit so she may do a full review. Both the patient and her mother say that they appreciate Dr Lee's attention and carefulness. Ms W looks slightly more animated than she did at the beginning of the encounter and her mother appears relieved. They agree to return in a week as Dr Lee suggested.

Reference

- 1 Kates N, Craven M. *Managing Mental Health Problems: A Practical Guide For Primary Care*. Seattle: Hogrefe and Huber; 1998.



Are your patients benefiting from the latest medical evidence?

Finally it's here! A better way for you to keep up with the most relevant and valid information for your practice.

- *Evidence-Based Practice* is a 12-page monthly newsletter that brings you fast-track summaries of the most compelling articles from more than 90 medical journals, abstracted and evaluated just for you—within 3 months of publication! This is the newest evidence that has the potential to change your practice—the information you need to know.
- How do we know? Our editors combine extensive experience in clinical practice with rigorous meta-analysis when considering evidence for review. Only those articles that meet strict empirical criteria for relevance and validity are selected.
- "Pertinent," "succinct," "an excellent resource," "invaluable"—this is how our readers describe *Evidence-Based Practice*. But don't take their word for it, see for yourself how *Evidence-Based Practice* will help you practice better medicine.

Let *Evidence-Based Practice* build a safety net for your practice!

CME credits available in each issue

EVIDENCE-BASED PRACTICE

Dowden Health Media,
110 Summit Avenue, Montvale, NJ 07645

To order, or for a FREE sample copy, call 1-800-707-7040 (ask for the Circulation Department)

Visit our Web site at
www.ebponline.net